



BOMBERS Camp Registration Form

Name: _____

E-mail address: _____

Cell #: _____

Date of birth (D/M/Y): _____

Position: _____

Shoots: _____

Ht: _____ Wt: _____

Current team: _____

Category (AAA, AA, A): _____

Parents name: _____

Cell #: _____

Referred by: _____

Date received:

Payment date:

Confirmed: